

ISSUE SLIP (SEE INSTRUCTIONS: cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VT	62607	10/1/72
O.I.P.E. CLASSIFIER		60500	11/10
FORMALITY REVIEW			

INDEX OF CLAIMS

✓ _____ Rejected N _____ Non-elected
 ○ _____ Allowed I _____ Interference
 - (Through numeral) Canceled A _____ Appeal
 + _____ Restricted O _____ Objected

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If more than 150 claims or 10 actions
 staple additional sheet here

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BEST AVAILABLE COPY

154
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